

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: monospace;">08971851</div>	<small>FILING DATE</small>					
<small>APPLICANT(S)</small>							<small>CLAIMS</small>						
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>			<small>* IND. DEP.</small>		<small>* IND. DEP.</small>		<small>* IND. DEP.</small>	
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
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TOTAL CLAIMS							TOTAL CLAIMS						